

Available online at www.sciencedirect.com**SciVerse ScienceDirect**journal homepage: www.elsevier.com/locate/crvasa**Letter to the Editor****Medical mission trip to Kenya****Fig. 1 – Patient E. K. after correction of tetralogy of Fallot.**

Almost 1% of the world's population is born with a heart disease. Majority of the congenital heart defects is treatable by a single surgical or catheter intervention. European countries have tens of medical centres with trained specialists to care for children with heart diseases. Sadly, for the poor children in developing countries such a care is not available.

Therefore specialists from two paediatric cardiac centres (Children's Heart Centre, University Hospital Motol, Prague and The National Institute of Cardiovascular Diseases, Bratislava) conducted a medical mission trip to Kenya to treat congenital heart defects in poor Kenyan children. We have started a charitable collaboration with The Mater Hospital in Nairobi. The Mater Hospital was open in 1962 by Sisters of Mercy originating from Ireland. This hospital was chosen because fulfilling basic requirements for a paediatric cardiac programme – institutional support to the treatment of poor and financially needy patients, already established cardiac surgery, intensive care unit, participating paediatric cardiologists and related specialties.

Charitable mission was carried out in December 2011 (9–19th). Our team consisted of 8 people from both centres: Pavel Vojtovič (paediatric intensivist), Viktor Tomek (paediatric cardiologist), Tomáš Hrtánek (anaesthesiologist), Jakub Kadlec and Roman Gebauer (cardiac surgeons), Renata Sklenarova (perfusionist), Lenka Luczy and Denisa Hudecova (ICU nurses).

In the clinical programme 26 patients were examined, 12 of them were scheduled for surgery. In six days we operated on 10 patients (age 4 months–16 years, median 2 years) with the following diagnoses: tetralogy of Fallot (4 patients, Fig. 1), ventricular septal defect (one with severe aortic regurgitation) (2 patients), atrial septal defect (2), pulmonary stenosis with a restrictive ventricular septal defect (1) and total anomalous venous connection (1). Radical repair was performed in all patients with no early mortality, 2 had postoperative complications, but all patients were extubated and in good condition when the team was leaving Nairobi. In two patients we had to postpone surgery for the next mission – one suffered from viral infection and renal failure, in another one the conduit for the right ventricular outflow tract reconstruction was not available.

When we were leaving Africa it was the right time for each of us to ask ourselves – why were we doing this? I strongly believe that this kind of help is a part of our responsibility. It is about giving something back since most of us here in Europe lead comfortable, healthy and relatively stress-free lives. And there in Nairobi we felt great sense of satisfaction watching happy parents with their children because we gave them the hope for normal life with repaired little hearts.

The following organizations and private individuals generously supported our medical mission (in alphabetical order): Biomedica ČS s.r.o., Cardion s.r.o., Edwards Lifesciences AG, Immomedical CZ s.r.o., Medtronic Czechia, Ing. Pavlíček Viktor, Mgr Šolc Jan and Uniqua pojišťovna.

Roman Gebauer
Children's Heart Centre, University Hospital Motol,
Prague, Czech Republic